

FORM NO. 4
MADE IN THE UNITED STATES OF AMERICA
WHILE PLACED IN THE HANDS OF THE REGISTRAR, THIS IS A PERMANENT RECORD.
N. B.—In case of twins or triplets use a SEPARATE BLANK for each child, and mark the
FIRST-BORN N. No. 1. THE OTHER, N. No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Darlington

Township of

or
Inc. Town of Hanover

or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45856

Registration District No. 15-B

Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child. Gertrude Hollman

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 18 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Marvin Hollman

(9) PRESENT POSTOFFICE OF FATHER Hanover S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Lee Co. S.C.

(13) OCCUPATION Farm Hands

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Mahan

(15) PRESENT POSTOFFICE OF MOTHER Hanover S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Bishopville S.C.

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. Johnson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hanover S.C.

Given name added from a supplemental report

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 18 1916 (28) J. B. Davis Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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